

**Michigan Department of Labor & Economic Growth**  
**LIQUOR CONTROL COMMISSION**  
7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505

**REPORT OF LIMITED LIABILITY COMPANY MEMBERS, MANAGERS & ASSIGNEES**

Important: Under Michigan Law (MCL 436.1501(2)), a license or an interest in a license shall not be transferred from one person to another without prior consent of the Commission.

Instructions: This report is part of the license application and must be completed by an officer of the corporation who is authorized to sign and execute documents.

1. Name and registered address of limited liability company		
2. Type of license	3. State in which Articles of Organization filed	
4. Date authorized to do business in Michigan or date Articles of Organization filed with Michigan Corporation Division. -----	5. Check type of limited liability company: ____ Privately held limited liability company – not traded on stock exchange ____ Public limited liability company	
<b>This section must be completed by all limited liability companies</b>		
<b>6. NAME AND ADDRESS OF MEMBERS</b>	<b>DATE</b>	<b>% OF INTEREST</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
If more listings are needed please attach an additional page showing the same information. (continued)		

<b>7. NAME AND ADDRESS OF MANAGER(S)</b>

<b>8. NAME AND ADDRESS OF ASSIGNEE(S)</b>

<b>9. NAME AND ADDRESS OF MANAGER OR MEMBER(S) AUTHORIZED TO SIGN THE APPLICATION AND ANY DOCUMENTS REQUIRED BY THE MICHIGAN LIQUOR CONTROL COMMISSION.</b>

**WARNING:** The Liquor Control Code of 1998 provides as follows in 436.2003

Sec. 1003. A person who makes a false or fraudulent statement to the commission, orally or in writing, for the purpose of inducing the commission to act or refrain from taking action or for the purpose of enabling or assisting a person to evade the provisions of this act is guilty of a violation of this act and is punishable by fine, imprisonment or both.

<b>AFFIDAVIT</b>
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I certify that the information contained in this report and any attachments is complete, true and taken from the records of this corporation and that I understand the WARNING above.

Signature:	Print Name:
Date:	Manager or Member Position:

**Subscribed and sworn to me this \_\_\_\_\_ DAY of \_\_\_\_\_ MONTH, \_\_\_\_\_ YEAR**

Notary Public Signature \_\_\_\_\_

In and for the County of \_\_\_\_\_ Michigan. My commission expires \_\_\_\_\_ (DATE)